

Church of the
Blessed Sacrament
A parish of the Diocese of Lafayette-in-Indiana

2018-2019 Faith Formation Registration (1st-12th)

Registration Due:

August 26, 2018

Questions?: Missy Krockover

mkrockover@dol-in.org

Thank you!

Family Information

Last Name _____

Parent/Guardian _____
MOTHER FATHER

Address: _____

Preferred Phone _____ ☐ Home ☐ Cell

Preferred Email Address: _____

Primary Language ☐ English ☐ Spanish ☐ Other



Parish App will be used to communicate, please download on App Store or Google Play

Releases / Permissions

Emergency—If a parent is unable to be reached, please contact:

Name _____ Phone _____

- ☐ In the event of an emergency, I give permission for all parish staff and volunteers to seek medical treatment.
I understand that every effort will be made to contact me.

Media—I give permission for my child(ren) to be photographed during the 2018-2019 academic year. I realize that photos/video may be published in the bulletin, newspaper, website, or other publication for informational/educational purposes only. Children will not be identified by name.

PARENT/GUARDIAN SIGNATURE

Fees—\$75 per child (\$200 max per family) **Financial Assistance Available

Number of students _____ Amount Due \$ _____

Payment Options:

☐ Check ☐ Paypal

☐ We have added a \$ _____ donation to help another family cover the costs of faith formation. (Tax deductible)

Please drop registration forms at the parish office or in the collection basket.

SEE REVERSE SIDE FOR STUDENT INFORMATION



Student Information

Name _____

Gender ☐ M ☐ F

Nickname/Preferred Name _____

Birthdate _____

Grade _____ School _____

Would you like your child placed in our SPRED program for children with special needs? ☐ Yes ☐ No

Sacraments Received

☐ Baptism

☐ First Reconciliation

☐ First Communion

☐ Confirmation

Church: _____

Anything we should know? (Allergies, learning disabilities/limitations, or other concerns or requests)

Name _____

Gender ☐ M ☐ F

Nickname/Preferred Name _____

Birthdate _____

Grade _____ School _____

Would you like your child placed in our SPRED program for children with special needs? ☐ Yes ☐ No

Sacraments Received

☐ Baptism

☐ First Reconciliation

☐ First Communion

☐ Confirmation

Church: _____

Anything we should know? (Allergies, learning disabilities/limitations, or other concerns or requests)

Name _____

Gender ☐ M ☐ F

Nickname/Preferred Name _____

Birthdate _____

Grade _____ School _____

Would you like your child placed in our SPRED program for children with special needs? ☐ Yes ☐ No

Sacraments Received

☐ Baptism

☐ First Reconciliation

☐ First Communion

☐ Confirmation

Church: _____

Anything we should know? (Allergies, learning disabilities/limitations, or other concerns or requests)